

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<p style="margin: 0;">Attorney Docket No. <u>03500.017621</u></p> <p style="margin: 0;">First Named Inventor or Application Identifier <span style="float: right;">U.S. PTO 10/10/741 09/29/03</span></p> <p style="margin: 0;">ATSUSHI MIZUTOME, ET AL.</p> <p style="margin: 0;">Express Mail Label No. <span style="float: right;">03970 10/10/741</span></p>																																																																											
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>																																																																													
<b>ADDRESS TO:</b>		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																																																																											
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">         1. <input checked="" type="checkbox"/> Fee Transmittal Form  <small>(Submit an original, and a duplicate for fee processing)</small> </td> <td style="width: 50%;">         7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)       </td> </tr> <tr> <td>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></td> <td>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></td> </tr> <tr> <td>3. <input checked="" type="checkbox"/> Specification      Total Pages <u>71</u></td> <td>a. <input type="checkbox"/> Computer Readable Form (CRF)</td> </tr> <tr> <td>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113)      Total Sheets <u>12</u></td> <td>b. Specification Sequence Listing on:           <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> paper</li> </ul> </td> </tr> <tr> <td>5. <input checked="" type="checkbox"/> Oath or Declaration      Total Pages <u>2</u></td> <td>c. <input type="checkbox"/> Statements verifying identity of above copies</td> </tr> <tr> <td colspan="2">           a. <input checked="" type="checkbox"/> Newly executed (original or copy)         </td> </tr> <tr> <td colspan="2">           b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))  <i>(for continuation/divisional with Box 17 completed)</i> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>            Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> </td> </tr> <tr> <td colspan="4">           6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76         </td> </tr> <tr> <td colspan="4" style="text-align: center; padding: 10px;"> <b>ACCOMPANYING APPLICATION PARTS</b> </td> </tr> <tr> <td colspan="4" style="padding: 10px;">           9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))         </td> </tr> <tr> <td colspan="4" style="padding: 10px;">           10. <input type="checkbox"/> 37 CFR 3.73(b) Statement  <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney         </td> </tr> <tr> <td colspan="4" style="padding: 10px;">           11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> </td> </tr> <tr> <td colspan="4" style="padding: 10px;">           12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations         </td> </tr> <tr> <td colspan="4" style="padding: 10px;">           13. <input type="checkbox"/> Preliminary Amendment         </td> </tr> <tr> <td colspan="4" style="padding: 10px;">           14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)  <i>(Should be specifically itemized)</i> </td> </tr> <tr> <td colspan="4" style="padding: 10px;">           15. <input type="checkbox"/> Certified Copy of Priority Document(s)  <i>(if foreign priority is claimed)</i> </td> </tr> <tr> <td colspan="4" style="padding: 10px;">           16. <input type="checkbox"/> Other: _____            _____            _____         </td> </tr> <tr> <td colspan="4" style="text-align: center; padding: 10px;">           17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:  <input type="checkbox"/> Continuation    <input type="checkbox"/> Divisional    <input type="checkbox"/> Continuation-in-part (CIP)  <small>Prior application information:</small> <input type="checkbox"/> Examiner _____ of prior application No. ___ / ___ Group/Art Unit: _____         </td> </tr> <tr> <td colspan="4" style="text-align: center; padding: 10px;">           18. CORRESPONDENCE ADDRESS            05514            Customer Number or Bar Code Label <input type="checkbox"/> (Insert Customer No. or Attach bar code label here) or <input type="checkbox"/> Correspondence address below         </td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;">           NAME            _____         </td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;">           Address            _____         </td> </tr> <tr> <td style="width: 25%;">City</td> <td style="width: 25%;">State</td> <td style="width: 25%;">Zip Code</td> <td style="width: 25%;">Fax</td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td></td> <td></td> </tr> </table>				1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small>	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	3. <input checked="" type="checkbox"/> Specification      Total Pages <u>71</u>	a. <input type="checkbox"/> Computer Readable Form (CRF)	4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113)      Total Sheets <u>12</u>	b. Specification Sequence Listing on: <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> paper</li> </ul>	5. <input checked="" type="checkbox"/> Oath or Declaration      Total Pages <u>2</u>	c. <input type="checkbox"/> Statements verifying identity of above copies	a. <input checked="" type="checkbox"/> Newly executed (original or copy)		b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>            Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul>		6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76				<b>ACCOMPANYING APPLICATION PARTS</b>				9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))				10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney				11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>				12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations				13. <input type="checkbox"/> Preliminary Amendment				14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>				15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>				16. <input type="checkbox"/> Other: _____ _____ _____				17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) <small>Prior application information:</small> <input type="checkbox"/> Examiner _____ of prior application No. ___ / ___ Group/Art Unit: _____				18. CORRESPONDENCE ADDRESS 05514 Customer Number or Bar Code Label <input type="checkbox"/> (Insert Customer No. or Attach bar code label here) or <input type="checkbox"/> Correspondence address below				NAME _____		Address _____		City	State	Zip Code	Fax	Country	Telephone		
1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)																																																																												
2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small>	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>																																																																												
3. <input checked="" type="checkbox"/> Specification      Total Pages <u>71</u>	a. <input type="checkbox"/> Computer Readable Form (CRF)																																																																												
4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113)      Total Sheets <u>12</u>	b. Specification Sequence Listing on: <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> paper</li> </ul>																																																																												
5. <input checked="" type="checkbox"/> Oath or Declaration      Total Pages <u>2</u>	c. <input type="checkbox"/> Statements verifying identity of above copies																																																																												
a. <input checked="" type="checkbox"/> Newly executed (original or copy)																																																																													
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>            Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul>																																																																													
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76																																																																													
<b>ACCOMPANYING APPLICATION PARTS</b>																																																																													
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))																																																																													
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney																																																																													
11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>																																																																													
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations																																																																													
13. <input type="checkbox"/> Preliminary Amendment																																																																													
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>																																																																													
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>																																																																													
16. <input type="checkbox"/> Other: _____ _____ _____																																																																													
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) <small>Prior application information:</small> <input type="checkbox"/> Examiner _____ of prior application No. ___ / ___ Group/Art Unit: _____																																																																													
18. CORRESPONDENCE ADDRESS 05514 Customer Number or Bar Code Label <input type="checkbox"/> (Insert Customer No. or Attach bar code label here) or <input type="checkbox"/> Correspondence address below																																																																													
NAME _____																																																																													
Address _____																																																																													
City	State	Zip Code	Fax																																																																										
Country	Telephone																																																																												

+

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	41-20 =	21	X \$ 18.00 =	\$378.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	12-3 =	9	X \$ 84.00 =	\$756.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			\$280.00 =	\$0.00
				BASIC FEE (37 CFR 1.16(a))	\$750.00
				Total of above Calculations =	\$1884.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
				TOTAL =	\$1884.00

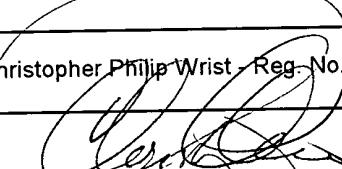
## 19. Small entity status

- a.  A small entity statement is enclosed
- b.  A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c.  Is no longer claimed.

20.  A check in the amount of \$ 1884.00 to cover the filing fee is enclosed.21.  A check in the amount of \$ 40.00 to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a.  Fees required under 37 CFR 1.16.
- b.  Fees required under 37 CFR 1.17.
- c.  Fees required under 37 CFR 1.18.

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</b>	
NAME	Christopher Philip Wrist - Reg. No. 32,078
SIGNATURE	
DATE	September 29, 2003

CPW/kkv

DC\_MAIN 145472v1